

FIRM / PERSON INSPECTED						INSPECTING COUNTY													
FIRM ADDRESS						PERMIT / OPERATOR ID NUMBER													
FIRM LOCATION						TELEPHONE NUMBER													
TYPE OF CERTIFICATE / LICENSE						INFORMATION DISPLAY METHOD													
A. PEST CONTROL BUSINESS RECORDS INSPECTION				Reference Section	COMPLIANCE YES NO N/A			D. PEST CONTROL ADVISER RECORD INSPECTION (Number of records inspected)				Reference Section	COMPLIANCE YES NO N/A						
1. Business Licensed, Number:				11701				1. Licensed PCA, Number:				12001							
2. Business Registered in County				11732				2. PCA Registered in County				12002							
3. Work Supervised by Qualified Person				11701.5				3. Recommendations in Proper Categories				12054							
4. Pilot(s) hold a valid certificate				11901				4. Required Information / Copies Furnished				12003							
5. Pilot(s) Registered in the County				11920				5. Recommendations Retained / 1 year				12004							
6. Application Completion Records / 2 years				6619				6. Criteria / Certification of Alternatives				6556d,e							
7. Pesticide Use Records Retained / 2 years				6624				7. Groundwater Protection Advisories				6557							
8. Pesticide Use Reports Submitted				6626-27				8. Complies with Pesticide Labeling				12971							
9. Valid Permits for Restricted Materials				6412-6632				9. Safety of Employed Persons				6720							
10. Written Recommendations Retained / 1 year				12004															
Total				Total				Total				Total							
B. LICENSED PEST CONTROL BUSINESS						C. GROWER AND QUALIFIED APPLICATOR						E. DEALER RECORD INSPECTION (Number of records inspected)							
COMPLIANCE YES NO N/A			<input type="checkbox"/> Handler <input type="checkbox"/> Field Worker			Reference Section	COMPLIANCE YES NO N/A			<input type="checkbox"/> Main <input type="checkbox"/> Branch			Reference Section	COMPLIANCE YES NO N/A					
			1. Valid Restricted Materials Permit			6412				1. Dealer Licensed, Number:			12101						
			2. Notice Prior to Application			6618				2. Designated Agents Name:			6560						
			3. Application Completion Notice			6619				3. Sales Record / Statement / Written Record / 2 years			6562						
			4. Emergency Medical Care Planned			6726				4. Appropriate Products Sold			6564						
			5. Operator ID Number Obtained			6622				Dealer Responsibility			6568						
			6. Site ID Form / Permit Retained / 2 years			6623				5. Permits for Restricted Material Sales / 2 years			6568a,b						
			7. Pesticide Use Records Available / 2 years			6624				6. Statement QAL, QAC, PAC Available			6568b						
			8. Pesticide Use Reports Submitted			6626-27				7. Operator Identification Number:			6568c						
			Training Program							8. Groundwater Protection Statement / 2 years			6570						
			9. Hazard Communication / Handler			6723													
			10. Application Specific Info / Handler			6723.1				Total			Total						
			11. Trainer Qualified / Written Program			6724				F. PESTICIDE STORAGE SITE INSPECTION						Reference Section	COMPLIANCE YES NO N/A		
			12. Required Topics			6724b				1. Possession Permit for Stored RM						6412			
			13. Training Prior to Handling			6724d				2. Pesticide Properly Stored and Locked						6672b			
			14. Records Available / Complete / 2 years			6724e				3. Storage Area Posted						6674			
			15. Hard Communication / Fieldworkers			6761				4. Pesticides Properly Labeled						6676			
			16. Application Specific / Fieldworkers			6761.1				5. Service Container Labeling						6678			
			17. Field Worker Training			6764				6. Pesticides Stored in Proper Container						6680			
			Medical supervision Program			6728				7. Containers Properly Rinsed						6684			
			18. Use Records Retained / 3 years			6728a				Total						Total			
			19. Physicians Agreement Available / 3 years			6728b				Reports									
			20. Recommendations / Test Results/ 3 years			6728c				Follow-up required <input type="checkbox"/> YES <input type="checkbox"/> NO									
			21. Medical Supervision Posting			6728c5				Follow-up completion date:									
			22. Change Area			6732				Cease and Desist 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO									
			23. Proper Storage of PPE			6738a				Violation Notice <input type="checkbox"/> YES <input type="checkbox"/> NO									
			Respiratory Protection Program			6738h				Correct noncompliances by (date):									
			24. Written Operating Procedures			6738h3													
			25. Emergency Use Respirators			6738h5													
			26. Medical Condition Statement			6738h6													
			Total			Total													
Remarks: Include a detailed description of noncompliances.																			
INSPECTOR'S SIGNATURE												TIME AND DATE INSPECTED							
INSPECTION ACKNOWLEDGED BY												DATE ACKNOWLEDGED							